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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/809,876	03/23/2004	David Milstein	50037.222US01	7778
	7590 01/04/200 & GOULD (MICROSC		EXAMINER	
P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903			MCLEOD, MARSHALL M	
MIINNEAPOLI	5, MIN 55402-0905		ART UNIT PAPER NUMBER	
			4152	
			MAIL DATE	DELIVERY MODE
			01/04/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Cummons	10/809,876	MILSTEIN ET AL.			
Interview Summary	Examiner	Art Unit			
	MARSHALL MCLEOD	4152			
All participants (applicant, applicant's representative, PTO	personnel):				
(1) <u>MARSHALL MCLEOD</u> .	(3)				
(2) <u>RYAN GRACE</u> .	(4)				
Date of Interview: 03 January 2008.					
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2) <mark> applicant's representative</mark>	e]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.				
Claim(s) discussed:					
Identification of prior art discussed: <u>No</u> .					
Agreement with respect to the claims f) was reached. ♀	ı)∏ was not reached. h)⊠ N	I/A.			
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Applicant proposes cancellation of current claims 1-20 and addittion of new claims in order to overcome examiner's rejection</u> .					
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w				
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO		
	/M. M./ Marshall Mcleod, Art Unit 415	52			
Examiner Note: You must sign this form unless it is an	Examiner's signature if requi				

Application No.

Applicant(s)